HTE# 11-5-27053

Harnett County Department of Public Health

26626

(Maximum soil cover shall not exceed

Aggregate Depth: _____ inches above pipe

12

6____ inches below pipe

inches total

36" above the trench bottom)

Im	provement Permit	t

	d with only an Improvement Permit			
PROPERTY	LOCATION: 1912 Aurray Rd.			
ISSUED TO: Otis Buttle- SUBDIVISIO	IN ACTURLington	LOT #		
NEW REPAIR C EXPANSION C	Site Improvements required prior to Construction Au	thorization Issuance:		
Type of Structure: DW MH 32 X60'				
Proposed Wastewater System Type: <u>Conventional</u>				
Projected Daily Flow: 480 GPD				
Number of bedrooms: Number of Occupants: max				
Basement Yes No				
Pump Required: 🗆 Yes 🖾 No 🗆 May be required based on final location and	a ca ca	-6		
Type of Water Supply: Community Public Well Distance from well	feet Permit valid for	1		
Permit conditions:		No expiration		
Authorized State Access 11 Provide Participation Provide Provi	te: 7/15/24/ SEE			
Authorized State Agent: <u>Authorized State Agent</u> : Dai The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The		ATTACHED SITE SKETCH		
site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall n	serinic noncer is responsible for checking with appropriate governing bodi at be affected by a change in ownership of the site. This nermit is subje-	tes in meeting their requirements. This		
the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit		a to compnance whit the provisions of		
<u>Construction</u>	Authorization			
(Required for I	Building Permit)			
The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1' with the attached system layout.		stems shall be installed in accordance		
ISSUED TO: Of: 5 Buttle PROP	ERTY LOCATION: 1912 Nurray Rd. VISION ACTURINGton			
SUBD	VISION ACTURLington	LOT #		
raciiity lype: where the line is a line in the line in the line is a line in the line in the line is a line in the line in the line is a line in the line in the line is a line in the line is a line in the line in	pansion 🗆 Repair			
Basement? Ves V No Basement Fixtures? Xes No				
	(Initial) Wastewater Flo	w: 480 GPD		
(See note below, if applicable \Box)	(initial) wastewater no			
Conventional	(Repair)			
Installation Requirements/Conditions Number of trenches	ζ,			
Septic Tank Size /OOO gallons Exact length of each trench	<u>100</u> feet Trench Spacing: <u>9</u>	Feet on Center		
Pump Tank Size gallons Trenches shall be installed on contour at a Soil Cover: inches				

WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.

in all directions)

Pump Requirements: _____ft. TDH vs. _____ GPM

Conditions: _____

**If applicable: / understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.

Owner/Legal Representative Signature: Date:	
This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of	the site. This
Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.	D SITE SKETCH
Authorized State Agent: Super Miser REHS Date: 7/15/2011 Construction Authorization Expiration Date: 7/15/2016	

Maximum Trench Depth of: _______ inches

(Trench bottoms shall be level to +/-1/4"

HTE# <u>11-5-27053</u>	Permit # _ <u>26626</u>			
Harnett County Department of Public Health				
Site Sketch				
ISSUED TO: 04:5 Buttles	PROPERTY LOCATON: 1912 Norsery Rd. SUBDIVISION ACTOR lington LOT #			
Authorized State Agent: Kup Misin, Ru	EHC Date: Z011			

